

Significant Legislative Rule Analysis
For Rules Concerning Trauma Registry
WAC 246-976-420 and -430
April 1, 2014

Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.

The Department of Health (the department) proposes to repeal, update and revise the required Trauma Registry's trauma data elements to be consistent with national best practices standards. The two proposed rules being updated are WAC 246-976-420, Department responsibilities and WAC 246-976-430, Provider responsibilities. Specifically, the proposed rules add several new data elements, repeal several outdated standards, and prepare to transition to the new Centers for Medicare and Medicaid Services' (CMS) mandated injury coding system – International Classification of Diseases-10 (ICD-10).

History

The department's Trauma Registry became operational in 1994. Since then, the department has been consistently gathering trauma patient data from designated trauma hospitals on the incidence, severity, and causes of trauma. The trauma data is analyzed by the department to improve the statewide trauma care delivery system and to support trauma care and system quality improvement programs. The current trauma data elements used for the Trauma Registry inclusion were last updated in 2009.

Trauma, defined as a major, life threatening injury, remains a serious health problem in the United States. Each year trauma accounts for 41 million emergency department visits and 2.3 million hospital admissions across the nation. Nearly 181,000 Americans died from trauma in 2010. Trauma accounts for 30% of all life years lost in the U.S. It is the leading cause of death for Americans between the ages of one and 44 and accounts for 47% of all deaths in this age range. Nationally, trauma ranks third as the leading cause of death across all age groups. Many of these deaths are preventable with an effective, organized trauma system.¹

An effective, organized trauma care system must include a method to monitor and improve system performance. The Trauma Registry is the tool the department uses to assess Washington's trauma system. The state's ability to assess the trauma care delivery system depends upon the *quality* and *quantity* of trauma data elements required to be submitted by trauma care providers. With updated, improved data elements and trauma registry inclusion criteria, the department can provide critical information on the status of the Washington Trauma System focusing on statewide patient demographics, injury characteristics, evaluation of pre-hospital and hospital care, and patient outcomes.

¹ Centers for Disease Control, February 2014

The pattern of trauma morbidity and mortality can be predicted and reported when using current best practice standards for data collection. Washington's trauma care system aims to assess, address and ensure trauma quality at the local level by maintaining and improving the state's Trauma Registry. With this proposed rule, the department will be maintaining the quality and integrity of the Trauma Registry that will allow the state to:

- Assess and evaluate the state of trauma care in Washington.
- Identify trauma prevention strategies based on analyses of trauma incidences.
- Address trauma quality issues at the local, regional, and state level.
- Provide reports with descriptive information based on the collection and analyses of trauma patient encounters.
- Assess Washington's trauma care system in comparison with other state trauma systems using national standards of trauma data elements.
- Provide trauma review teams (physicians and nurses selected to monitor trauma providers) with complete and accurate trauma information of each trauma provider (hospital) prior to the teams' monitoring for compliance.
- Assess, ensure, and maintain the quality, effectiveness, and accessibility of the delivery of statewide pre-hospital and hospital trauma care services.

Is a Significant Analysis required for this rule?

Yes, as defined in RCW 34.05.328 the proposed rules require a significant analysis.

Clearly state in detail the general goals and specific objectives of the statute that the rule implements.

Statutory authority for the adoption and revision of the Trauma Registry rules is established under RCW 70.168.060 and RCW 70.168.090. The general goals of RCW 70.168.060(16) and RCW 70.168.090 are to: (a) give authorization to the department to establish and maintain a statewide Trauma Registry in order to assess the effectiveness of the emergency medical services and the trauma care system; and (b) identify specific data elements for inclusion in the Trauma Registry in order to analyze incidences, severity, and causes of trauma, including traumatic brain injuries. The objectives the rule implements are:

1. Establishing the shared responsibilities between the department and trauma care providers to provide accurate, critical, and the most relevant data on trauma injuries in the state.
2. Providing a mechanism through rules that ensures trauma data elements are updated and revised based on national standards and best practice.

Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.

Amending this rule is necessary to comply with statutory directives that require the department to ensure quality assessment and improve strategies of and for the state's

trauma care system. To achieve the statutory goals and objectives, revising and updating data elements that are required to be submitted by each trauma care provider is essential.

In addition, because of statutory requirements, the department must place trauma care data elements in rule. As a result, there is no alternative to rulemaking. The consequence of not adopting the proposed rule revision is the department's inability to ensure statewide collection of standardized trauma data and performance measures that establish the foundation by which a correct and complete assessment of Washington State's trauma care system is derived.

Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.

The portions of the proposed rules that are considered legislatively significant are analyzed below. Parts of the proposed rule are not considered legislatively significant and are therefore not included in the analysis.

WAC 246-976-420- Department responsibilities

Proposed Significant Changes

The proposed rule amendment adds the ability for trauma centers to use the International Classification of Diseases (ICD) codes mandated by the Centers for Medicare and Medicaid Services (CMS). CMS has mandated that providers transition to the ICD-10 code system as of October 1, 2015.

Probable Costs

The proposed change will impose only minimal costs to the trauma centers. ICD-10 coding will be a national requirement. Training on the revised software coding process will be provided free of charge by the department, and trauma centers will only incur minimal to no travel costs for staff to attend the trainings via in-person or web sessions, user videos and printed materials.

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Probable Benefits

Adopting ICD-10 coding will align the trauma registry with the national health data reporting standard and allow trauma services to bill CMS for trauma patient care.

WAC 246-976-430- Provider responsibilities

Proposed Significant Changes

The proposed rule:

- 1) Eliminates the ten day requirement for prehospital transport agencies to provide a complete patient care report to the receiving trauma facility. The proposed rules

require agencies to provide a complete patient care report to the receiving facility within twenty-four hours after a patient is delivered to the facility. This will make the Trauma Registry rules consistent with the prehospital rules.

- 2) Adds the requirement for trauma registrars to complete a department approved Trauma Registry training.
- 3) Current rule requires providers to enter anti-coagulant medication data on patients with traumatic brain or facial injury diagnoses. The proposed rule requires providers to collect the anti-coagulation related data on all patients who were receiving oral anti-coagulant medication prior to injury of any kind.
- 4) Requires trauma services to submit end of life care elements that were previously non-required.

Probable Costs

The department contacted several EMS agencies regarding costs associated with proposed rule changes to WAC 246-976-430(3)(b). The proposed amendment shortens the time from “within ten days” to “within twenty-four hours” in which a verified prehospital agency that transports a trauma patient must complete a patient care report and send the report to the receiving facility after a trauma patient is delivered. The agencies contacted indicated there would be minimal costs associated with the proposed, shortened reporting period.

The number of new elements added to the proposed hospital rules is about the same as the number of outdated elements eliminated from the current rule. The department will upgrade the Collector software based on the proposed rule changes. This software is provided free of charge to each trauma service provider. The department also provides training and technical assistance free of charge through in-person trainings, web sessions, user videos and printed materials.

- 1) Requiring EMS agencies to provide a complete patient care report to the receiving facility within twenty-four hours after a patient is delivered to the facility will not increase costs for the transport agencies. The patient care report can be delivered electronically. Data that previously took time to gather (ex. response times from dispatch agencies) are more readily available now. This requirement is consistent with WAC 246-976-330—Ambulance and Aid Services –Record Requirements.
- 2) The department will provide the required Trauma Registry training free of charge via in-person training, webinars, user videos and printed material. Requiring that trauma registrar complete a department approved Trauma Registry training would incur minimal costs associated with travel and time to attend training. The hours worked costs are negligible for attendees.
- 3) Minimal costs are involved with requiring providers to collect data on all patients receiving anti-coagulant medication. The proposed rule expands the number of patients

who will have data collected on their anti-coagulant medication. The number of patients is expected to minimally increase staff time to record the data.

4) Requiring trauma services to complete end of life care elements that were previously non-required will not increase costs. Trauma services have been submitting the data voluntarily. The facilities will continue to enter the data for the elements by using the same process currently in place.

Probable Benefits of Proposed Rule

There are both general benefits of maintaining the state's trauma system and also specific benefits to the trauma centers and Washington residents associated with proposed changes to data elements. The proposed changes are needed to maintain the overall integrity and effectiveness of Washington State's trauma system. The requirements of the proposed rule will allow the department and participating trauma care providers to improve their ability to accurately measure the number of lives saved, through reporting of the new and revised data elements. The emphasis in reporting results will be consistent with national best practice standards for assessing mortality and morbidity rates and incidence patterns. More comprehensive data collection and assessment can increase the funding opportunities available for trauma care providers, and to develop improvements in the quality of trauma care.

1) Trauma Registry prehospital data reporting will be aligned with the prehospital WAC requirement for transport agencies to provide a complete patient care report to the receiving facility within twenty-four hours of delivery to the facility.

2) Hospitals will benefit from having trauma registrars complete a department approved Trauma Registry training. The trauma system will benefit from the training because data submitted to the registry will be more consistent. Improvements to the quality of data will improve our ability to accurately assess and improve trauma care and patient outcomes.

3) Collecting data on all patients receiving anti-coagulant medication will provide access to more accurate and comprehensive analyses to improve care and outcomes for patients with head injuries. Trends and patterns can be identified and reported to trauma care providers to improve trauma care and trauma systems and for developing local and regional injury prevention strategies.

4) Collection of end of life care data elements will present a more accurate picture of trauma service mortality rates and a better understanding of the palliative care process. The data will enable the department to assess end of life care processes, allowing for further research and analysis on trauma deaths.

The benefits resulting from the implementation of the requirements of this proposed rule far outweigh any negligible costs associated with using new software and submitting updated data elements to the department. Therefore, the total probable benefits of the rule exceed the total probable costs.

Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives stated previously.

Department staff worked closely with constituents and the public to minimize the burden of this rule. Most changes were made to align the rules with new national standards, for clarification, or for mutually agreed upon additions to improve trauma system evaluation. Department staff worked closely with affected stakeholders to develop rules that met the needs of the trauma system with the least impact to trauma services. Based upon their recommendations, the rules being proposed are the least burdensome alternative for trauma care providers required to comply with it.

Alternative version #1: Staff considered shortening the required reporting timeframe from once per quarter to once every two months. Trauma services were concerned about the increase workload associated with the shorter reporting timeframe.

Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The rule does not impose more stringent performance requirements on private entities than on public entities.

Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The rule does not differ from any applicable federal regulation or statute.

Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

There are no other applicable laws.